



**Faculty Of Dentistry
The University of Jordan
Faculty Teaching Coverage Form**

As I am applying for a leave on: ____/____/____

For: Personal reason, Emergency reason, Conference

From: ____/____/____ To ____/____/____

Please find under list the name of faculty agreed to cover my teaching duties during my leave.

Faculty Name: _____

Signature: _____ Date: ____/____/____

Day	Session	Course	Faculty (who will cover you)	His / Her Signature
Sun. __/__/__				
Mon. __/__/__				
Tues. __/__/__				
Wed. __/__/__				
Thur. __/__/__				

Chairman approval

----- : Date: ____/____/____